## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

MR 957-1427

| Column 1   Column 2   Column 3   SMALL ENTITY   OR SMALL ENTITY      | ER THAN<br>L ENTITY    |                     | OR   | NTITY   | SMALL EI      | ımn 2)     |                             | CLAIMS AS FILED - PART I<br>(Column 1)                   |             |                              |             |       |  |
|--|------------------------|---------------------|------|---|---------------|------------|-----------------------------|--|-------------|------------------------------|-------------|-------|--|
| SASIC FEE   SASIO   OR   SASIC FEE   SASIO   OR   SASIC FEE   SA     |                        |                     | 7    | FEE   | RATE          |            |                             | 3  |             | TOTAL CLAIMS                 |             |       |  |
| NDEPENDENT CLAIMS  | EE 770.00              | BASIC FEE           | OR   | 385.00  | BASIC FEE     | BER EXTRA  | NUMB                        | NUMBER FILED .   |             | FOR                          |             |       |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   | -                      | X\$18=              | OR   |   | X\$ 9=        |            | = * a                       | 3 minus 20=  |             | TOTAL CHARGEABLE CLAIMS      |             | то    |  |
| *If the difference in column 1 is less than zero, enter "0" in column 2  *If the difference in column 1 is less than zero, enter "0" in column 2  *If the difference in column 1 is less than zero, enter "0" in column 2  *If the difference in column 1 is less than zero, enter "0" in column 2  *If the difference in column 1 is less than zero, enter "0" in column 2  *If the difference in column 1 is less than zero, enter "0" in column 2  *If the difference in column 1 is less than zero, enter "0" in column 2  *If the difference in column 1 is less than zero, enter "0" in column 2  *If the difference in column 1 is less than zero, enter "0" in column 2  *If the difference in column 1 is less than zero, enter "0" in column 2  *If the difference in column 1 is less than zero, enter "0" in column 3  *TOTAL  *TOTAL  *SS  *AMALL ENTITY  *OR  *ADDI- *RATE  *ADDI- *TIONAL  *FEE  *ADDI- *TOTAL    |                        | You                 | 1 1  |   | X43=          |            | = * 6                       | ninus 3 =  | ) m         | INDEPENDENT CLAIMS           |             |       |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  TOTAL 7 \$5 OR TOTAL  OTHER  SMALL ENTITY OR SMALLE  RATE FEE  AMENDMENT PREVIOUSLY PAID FOR  Total * Minus *** =   FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Total * Minus *** =   (Column 1) (Column 2) (Column 3)  TOTAL 7 \$5 OR TOTAL  OTHER  SMALL ENTITY OR SMALLE  RATE TIONAL  FEE  AS 9= OR X518=  AS 9=  OR ADDIT FEE  OR X518=  ADDIT FEE  OR ADDIT FEE  OR ADDIT FEE  OR X518=  ADDIT FEE  OR X518=  ADDIT FEE  OR ADDIT FEE  O |                        |                     | 1 1  |   | +145=         |            |                             |  | RESENT      | MULTIPLE DEPENDENT CLAIM PI  |             |       |  |
| CLAIMS AS AMENDED - PART II  |                        |                     | . I  | 785   |               | column 2   | ter "0" in c                | * If the difference in column 1 is less than zero, enter |             |                              |             | * If  |  |
| Column 1   Column 2   Column 3   SMALL ENTITY   OR SMALL ENTITY      |                        | OTHER THAN          |      |   |               |            | CLAIMS AS AMENDED - PART II |  |             |                              |             |       |  |
| AFTER AMENDMENT PREVIOUSLY PAID FOR STATE TOTAL ADDIT. FEE OR ASSESSITE PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Total * Minus *** =  |                        |                     |      |   | (Column 3)    | lumn 2)    | (Colu                       |  | (Column 1)  |                              |             |       |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   | ADDI-<br>TIONAL<br>FEE | RATE                |      | TIONAL  | RATE          |            | JMBER<br>VIOUSLY            | NUM<br>PREVIO  |             | REMAINING<br>AFTER           |             | ENT A |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                        | X\$18=              | OR   | ÷ <u>-</u>  | X\$ 9=        | =          |                             | **   | Minus       | *                            | Total       | NDM   |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                        | X86=                | OR   |   | X43=          | =          | -:                          | <u> </u>   | <u> </u>    |                              |             | AME   |  |
| (Column 1) (Column 2) (Column 3)    CLAIMS   HIGHEST   NUMBER   PREVIOUSLY   PAID FOR   EXTRA     Independent   *   Minus   ***   =     X\$ 9=   OR   ADDIT FEE     Total   *   Minus   ***   =   X43=   OR   ADDIT FEE     Total   *   Minus   ***   =   X43=   OR   ADDIT FEE     Total   *   Minus   ***   =   ADDIT FEE     Total   *   Minus   ***   =   X43=   OR   ADDIT FEE     Total   *   Minus   ***   =   ADDIT FEE     Total   *   Minus   ***   ADDIT FEE     Total   *   Minus   ***   ADDIT FEE     Total    |                        | +290=               |      |   | +145=         |            | NT CLAIM                    | PENDEN   | JLTIPLE DE  | NTATION OF MU                | FIRST PRESE |       |  |
| Column 1)  |                        |                     |      |   |               |            |                             |  |             |                              |             |       |  |
| Total * Minus ** = TOTAL ADDIT FEE NUMBER PREVIOUSLY PR   | ADDIT. FEE             |                     |      |   |               |            |                             |  |             |                              |             |       |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   +145=   | ADDI-<br>TIONAL<br>FEE | RATE                |      | TIONAL  | RATE          | PRESENT    | GHEST<br>JMBER<br>VIOUSLY   | HIGH<br>NUM<br>PREVIO                                    |             | CLAIMS<br>REMAINING<br>AFTER |             |       |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   +145=   |                        | X\$18=              | OR   |   | X\$ 9=        | =          |                             | **   | Minus       | *                            | Total       | NDM   |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   +145=   |                        | X86=                | OR   |   | X43=          | =          |                             | ــــــــــــــــــــــــــــــــــــــ                   | <u> </u>    | *                            |             | AME   |  |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT Total  Total  Independent * Minus  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  If the entry in column 1 is less than th entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE  ADDIT FEE  ADDIT FEE  ADDIT FEE  ADDIT FEE  ADDIT FEE  OR  ADDIT FEE   | 1                      | +290=               |      |   | +145=         |            | NT CLAIM                    | PENDENT  | JLTIPLE DEF | NTALION OF MIC               | FIRST PRESE |       |  |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT  Total  * Minus  ***  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **  **  **  **  **  **  **  **  **   |                        |                     | OR , |   |               |            |                             |  |             |                              |             |       |  |
| REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PRESENT EXTRA  Total * Minus ** =  |                        |                     |      |   |               | (Column 3) |                             |  |             |                              |             | :     |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE  | ADDI-<br>TIONAL<br>FEE | RATE                |      | TIONAL  | RATE          |            | MBER<br>VIOUSLY             | PREVIO   | ·           | REMAINING<br>AFTER           | *           |       |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE  |                        | X\$18=              | OR   | '   | X\$ 9=        | =          |                             | **   |             | *                            | Total       | NDM   |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE  | 1                      | X86=                |      |   | X43=          | =          |                             | <u> </u>   | <u> </u>    |                              |             | AME   |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE  |                        | +290=               |      |   | <b>+145</b> = |            | NT CLAIM                    | PENDENI  | ILTIPLE DEF | NTATION OF MU                | FIRST PHESE |       |  |
| The Highest Number Previously Paid For IN THIS SPACE is 1 ss than 3, enter 3."   |                        | TOTAL<br>ADDIT. FEE | OR A | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |               |            |                             |  |             |                              |             |       |  |